



TPOCS CHANGES WITH HIPAA



October 2003

Audience for Training

Billers

TPC Managers

Accounts Receivable

The following slides will be discussed during the training session:

- Table Changes (Provider Taxonomy, Relationship Table, Insurance Type)- p. 8
- Screen shot of Taxonomy Table- p. 10
- Screen shot of Patient Relationship Code- pgs. 11 &12
- Screen shot of Insurance Type Table- p. 14
- Claim Filing Code, Policy Holder/Subscriber DOB & Gender, Country Codes- pgs. 15 & 16
- Country Codes- p. 17
- Condition Code- pgs.18 & 19
- Clearinghouse Information- p. 20
- Electronic billing message- pgs. 21 & 22



TPOCS/HIPAA

- What is HIPAA?
- How Does HIPAA Affect TPOCS?
- What Changes in TPOCS?



TPOCS/HIPAA

Health Insurance Portability
and
Accountability Act of 1996
-HIPAA-

or

Kassebaum-Kennedy Act



TPOCS/HIPAA

**Health Information Portability and Accountability Act
of 1996**

Title II, Section F - Administrative Simplification

Public Law 104-191, passed August 21, 1996



TPOCS/HIPAA

Information standardized for administrative and financial transactions include:

- **Health claims/encounter**
- **Health claims attachments**
- **Enrollment/disenrollment**
- **Health plan eligibility**
- **Payment and Remittance**
- **Premium payments**
- **Claim status**
- **Referral certification/authorization**



TPOCS/HIPAA

HIPAA Requirement

- By CMS of all MEDICARE/MEDICAID participants
- Of all Providers, Health Plans, and Clearinghouses to submit and/or process electronic claims (covered entities)



TPOCS/HIPAA

HIPAA Benefits

- Ensures improved privacy and confidentiality of personal health information
- Eliminates unique transactions with different Payers
- Providers and payers can fully utilize electronic solutions



TPOCS/HIPAA

HIPAA Requirements for TPOCS

Table Changes

- **Provider Taxonomy Descriptions and Code**
- **Person Relationship Description and Code**
- **Country Codes**
- **Insurance Type Description and Code**

- Table Maintenance ▶**
 - Standard Insurance Table
 - Site Insurance Companies
 - Payer List
 - Policies
- Research Tools ▶**
 - Providers
 - Clinics
 - Sites
 - Site Reporting Code
 - Site Transaction Code
 - Custom CMS
- Change Password**
- Admin ▶**
 - Offline Storage
- Diagnosis**
- Procedures**
- Modifier Codes**
- NDC**
- Revenue Codes**
- Occurrence Codes**
- Transaction Codes**
- Letter Codes**
- Rates ▶**
 - FMP
 - Suffixes
 - Patient Categories
 - DoD Reporting Categories
 - Policy Categories
 - Insurance Types
 - Standard Comments
- HIPAA Taxonomy Code**
- HIPAA Person Associated Code**
- ISO FIPS Country Code Mapping**



**3 New HIPAA
Tables**



Hipaa Taxonomy Code	Hipaa Taxonomy Desc	Beg Date	End Date
204C00000X	Physicians/Allopathic/Osteopathic/Neuromusculoskeletal Medicine/Sports Medicine	04/02/2003	03/31/20
204D00000X	Physicians/Allopathic/Osteopathic/Neuromusculoskeletal Medicine & OMM	04/02/2003	03/31/20
204E00000X	Physicians/Allopathic/Osteopathic/Oral & Maxillofacial Surgery	04/02/2003	03/31/20
204F00000X	Physicians/Allopathic/Osteopathic/Surgery/Transplant Surgery	04/02/2003	03/31/20
207K00000X	Physicians/Allopathic/Osteopathic/Allergy & Immunology	04/02/2003	03/31/20
207KA0200X	Physicians/Allopathic/Osteopathic/Allergy & Immunology/Allergy	04/02/2003	03/31/20
207K10005X	Physicians/Allopathic/Osteopathic/Allergy & Immunology/Clinical & Laboratory Immunolog	04/02/2003	03/31/20
207L00000X	Physicians/Allopathic/Osteopathic/Anesthesiology	04/02/2003	03/31/20
207LA0401X	Physicians/Allopathic/Osteopathic/Anesthesiology/Addiction Medicine	04/02/2003	03/31/20
207LC0200X	Physicians/Allopathic/Osteopathic/Anesthesiology/Critical Care Medicine	04/02/2003	03/31/20
207LP2900X	Physicians/Allopathic/Osteopathic/Anesthesiology/Pain Medicine	04/02/2003	03/31/20
207N00000X	Physicians/Allopathic/Osteopathic/Dermatology	04/02/2003	03/31/20

HIPAA Provider Taxonomy Table



Person Associated Code	Person Associated Description
01	PATIENT IS INSURED
00	UNKNOWN
02	SPOUSE
03	NAT CHILD/INS HAS FIN RESP
04	NAT CHILD/INS DOESN'T HAVE FIN RESP
05	STEP CHILD
06	FOSTER CHILD
07	WARD OF THE COURT
08	EMPLOYEE
09	UNKNOWN
10	HANDICAPPED DEPENDENT
11	ORGAN DONOR
12	CADAVER DONOR

Current Patient Relationship Code Table



Person Associated Code

Person Associated Description

	H01
	SPOUSE
	GRANDFATHER OR GRANDMOTHER
	GRANDSON OR GRANDDAUGHTER
	NEPHEW OR NIECE
	ADOPTED CHILD
	FOSTER CHILD
	WARD
	STEPSON OR STEPDAUGHTER
	SELF
	CHILD
	EMPLOYEE
	UNKNOWN
	HANDICAPPED DEPENDENT



HIPAA Patient Relationship Code Table

- [Table Maintenance ▶](#)
 - [Standard Insurance Table](#)
 - [Site Insurance Companies](#)
 - [Payer List](#)
 - [Policies](#)
- [Research Tools ▶](#)
 - [Providers](#)
 - [Clinics](#)
 - [Sites](#)
 - [Site Reporting Code](#)
 - [Site Transaction Code](#)
 - [Custom CMS](#)
- [Change Password](#)
- [Admin ▶](#)
 - [Offline Storage](#)
- [Diagnosis](#)
- [Procedures](#)
- [Modifier Codes](#)
- [NDC](#)
- [Revenue Codes](#)
- [Occurrence Codes](#)
- [Transaction Codes](#)
- [Letter Codes](#)
- [Rates ▶](#)
 - [FMP](#)
 - [Suffixes](#)
 - [Patient Categories](#)
 - [DoD Reporting Categories](#)
 - [Policy Categories](#)
 - [Insurance Types](#)
 - [Standard Comments](#)
- [HIPAA Taxonomy Code](#)
- [HIPAA Person Associated Code](#)
- [ISO FIPS Country Code Mapping](#)



Insurance Types



Insurance Type	Insurance Type Description	HIPAA Code Flag
Insert	ADD ADDITIONAL INSURANCE TYPES	
UNKNOWN	UNKNOWN INSURANCE TYPE	N
SELF	INDIVIDUAL POLICY	N
FAM	FAMILY POLICY	N
CH	CHAMPUS/CHAMPVA	N
CO	COMMERCIAL	N
CS	CHAMPUS SUPPLEMENT	N
GR	EMPLOYER GROUP	N
MS	MEDICAL SUPPLEMENT	N
SD	STUDENT	N
AP	AUTO INSURANCE POLICY	Y
CP	MEDICARE CONDITIONALLY PRIMARY	Y
HM	HMO	Y
IP	INDIVIDUAL POLICY	Y
LD	LONG TERM POLICY	Y
LT	LITIGATION	Y

Add Other Insurance Types

Insurance Type Maintenance Table



TPOCS/HIPAA

HIPAA Requirements for TPOCS Screen Changes

- Claim Filing Code
- Policy Holder/Subscriber DOB and Gen
- Country Code
- Condition Codes <UB-92>



Enter a New or Existing Patient ID: 01800660418 Name: TEST [?]

Patient Policies Links

Family Policy 1 of 1

Policy Number	098765432	Policy ID	003513109	Claim Filing Code	BLUE CROSS/BLUE SHII
Group Number		Policy Eff. Dates	06/04/2002 to 00/00/0000		
Group Name		Policy Category	GENERAL		
Drug Coverage #		Insurance Type	CI	COMMERCIAL	
Insurance Company ID	BLUAZ0001	Insu. Name / Contact No	BLUE CROSS BLUE SHIELD ARI 8002322345		
Policy Holder SSN	543-21-6789	Name	SPOUSE	<input type="checkbox"/>	TEST
Policy Holder DOB	07/05/1954	Address	124 MAIN ST	Gender	MALE
Policy Holder City / State / Zip Code / Country Code	SCOTTSDALE	AZ	85259		
Insured Thru Employer	No	Employer Name	SUMMIT		
Employer Contact		Employer Address 1	12453 MAIN ST		
Contact Phone / Ext	6025385540	Employer Address 2			
Employer City / State / Zip Code / Country Code	SCOTTSDALE	AZ	85259		
Policy Remarks					
Entry User:	TPCUSER	Source:	CHCS	Type:	UPDATE
Entry Date: 06/09/2003					

HIPAA Changes to TPOCS Policies Screen



TPOCS/HIPAA

Patients & Policies Screen



2.1.1 Patients & Policies

Enter a New or Existing Patient ID: 20304359999 Name: SMITH, MARY ?

Patient Policies Links

System ID: 20304359999	Address
Last Name: SMITH	Street: <input type="text"/>
First Name: MARY	City: <input type="text"/>
MI: J	State: <input type="text"/> Zip: <input type="text"/>
Suffix: <input type="text"/>	Work: <input type="text"/> Ext: <input type="text"/>
SSN: 304-35-9999	Home: <input type="text"/> County: ZZ <input type="button" value="▼"/>
Sponsor SSN: 304-35-9999	
Remarks: <input type="text"/>	

Entered User: TPOCS Source: MANUAL Type: INSERT Entered Date: 10/21/2003

1. The country codes are viewable but not editable.
2. When available, valid state codes are viewable.
3. ZZ will default for unknown states and OCONUS locations.



TPOCS/HIPAA

Billing Screen

NEW FIELD - Condition Code

- Only used for the UB-92 claim form - **FL 24-30**
- Used by payers to **determine** eligibility and liability
- **Determine** primary/secondary payer responsibility
- Identify conditions that **may affect** payment processing
- **Payer specific** based on billing requirements⁸ for service



Bill

Bill Type	1	CLINIC Date of Service	Control #	>>			
Reporting Code	GROTON		00/00/0000	thru	00/00/0000	Rank/Source	Primary Bill	MANUAL	<<
Patient ID/Name					Disposition		INCOMPLETE		
Treating DMIS ID					Locality		Type Of Bill	131	

MEPRS			Span Code Dates of Span			
Provider				00/00/0000	thru	00/00/0000	
Provider			Occurrence Code & Dates				
Provider			Code				
Insurance Policy			Date	00/00/0000	00/00/0000	00/00/0000	00/00/0000

Condition Code	Condition Codes	Total Amount Due	\$.00	More Info
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Condition Code
drop-down listing

Condition Codes

			Total Amount Due	\$.00	More Info
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Remarks

- 01 Military Service Related
- 02 Condition is Employment Related
- 03 Patient Covered by Insurance Not Reflected Here
- 04 Patient is HMO Enrollee
- 05 Lien has been filed
- 06 ESRD Patient in First 18 Months of Entitlement covered by Employer Group
- 07 Treatment of Nonterminal Condition for Hospice Patient

Prior Authorization

Chief Complaint

Diagnosis

S.No.	Code	Description
1		

Procedure

E&M		CPT4/HCPSC		Detail			
Code	Mod	Description	Rate	Units	Rev Code	Class	Dx Link
	00						1

HIPAA Changes to TPOCS Billing Screen



TPOCS/HIPAA

Electronic Billing



1. If currently electronic billing, cease transition of electronic claims to Per Se clearinghouse 5 business days prior to scheduled TPOCS software load
2. Communications to Per Se will not be possible after TPOCS HIPAA software deployment
3. NDC/MedUnite is the new clearinghouse



TPOCS/HIPAA

Billing Screen



HIPAA E-Billing

E010-0009: Required columns for HIPAA Electronic Billing is missing

Print **X**

i

OK **More >>**

Detailed Message:

The following errors were found for HIPAA Compliance:
-Policy Holder Gender is missing.

New message to show why a bill that was tagged for electronic billing did not meet the 837 requirements, thereby defaulting to a paper bill.



TPCS/HIPAA



Electronic Billing Reports

New report to show bills that were tagged for electronic billing, but did not meet the 837 requirements, thereby defaulting to a paper bill.



TPOCS/HIPAA

QUESTIONS